

*HF/ST
ZFW*

FEE TRANSMITTAL

For FY 2005

(Reflects USPTO filing fees in effect from 12/08/04)

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **\$1,520.00**

Complete if Known

Application Number	10/057,532
Filing Date	January 25, 2002
First Named Inventor	Jeffrey A. LYON
Examiner Name	P. Baskar
Art Unit	1645
Attorney Docket No.	38644-197852

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order
 Deposit Account None

Deposit
Account
Number

22-0261

Deposit
Account
Name

Venable LLP

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity	Fee (\$)	Fee Paid (\$)
Utility Filing Fee	300	150	_____	_____
Design/Design CPA Filing Fee	200	100	_____	_____
Plant Filing Fee	200	100	_____	_____
Reissue Filing Fee	300	150	_____	_____
Provisional Filing Fee	200	100	_____	_____
1a. ADDITIONAL FILING FEES				
Utility Search Fee	500	250	_____	_____
Design Search Fee	100	50	_____	_____
Plant Search Fee	300	150	_____	_____
Reissue Search Fee	500	250	_____	_____
Utility Examination Fee	200	100	_____	_____
Design Examination Fee	130	65	_____	_____
Plant Examination Fee	160	80	_____	_____
Reissue Examination Fee	600	300	_____	_____
Application Size Fee, each add'l 50 sheets > 100 sheets	250	125	_____	_____

Subtotal (1) and (1a.) \$

Subtotal (3) \$ \$1,520.00

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity	Fee (\$)
Each claim over 20	50	25	25
Each independent claim over 3	200	100	100
Multiple dependent claims	360	180	180
For Reissues, each claim over 20 and more than in the original patent	50	25	25
For Reissues, each independent claim more than in the original patent	200	100	100

Total Claims	- 20 =	Extra Claims	Fee (\$)	Fee Paid (\$)
		0	x 50	= 0.00

Indep. Claims	- 3 =	Extra Claims	Fee (\$)	Fee Paid (\$)
		0	x 200.00	= 0.00

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	180.00	_____

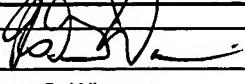
Subtotal (2) \$

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity	Fee (\$)
1-month extension of time	120	60	_____
2-month extension of time	450	225	_____
3-month extension of time	1020	510	\$1020.00
4-month extension of time	1,590	795	_____
5-month extension of time	2,160	1,080	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	500	250	\$500.00
Filing a brief in support of appeal	500	250	_____
Request for oral hearing	1,000	500	_____

Other: Request for Continued Examination (RCE)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	35,046	Telephone	(202) 344-4000
Name (Print/Type)	Thomas G. Wiseman			Date	January 6, 2006